

REGISTRATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

Regional Site Brookhaven National Laboratory

School _____ Phone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____
Principal _____ E-Mail _____
Date of School's Spring Break _____ **School Web site** _____

TEAM MEMBERS:

1. Name _____ SSN _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
2. Name _____ SSN _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
3. Name _____ SSN _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
4. Name _____ SSN _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____

ALTERNATE:

5. Name _____ SSN _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____

COACH:

Name _____ SSN _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____

***ONLY THOSE STUDENTS LISTED ABOVE ARE ELIGIBLE
TO COMPETE ON YOUR SCHOOL'S TEAM***